OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT SIGNATURE OF HEAD OF AGENCY ENSURE THAT ALL QUESTIONS ARE ANSWERED COMPLETELY. SIGNATURE OF OPERATOR WAS THE VEHICLE EQUIPPED WITH SEAT BELTS? IF YES, WERE THEY IN USE AT TIME OF ACCIDENT? WRITE IN YOUR OWN WORDS HOW THE ACCIDENT OCCURRED **GOVERNMENT OPERATOR'S INCIDENT REPORT OF MOTOR VEHICLE ACCIDENT** DEPARTMENT OF PROPERTY AND PROCUREMENT DATE DATE [] YES [] YES JNO ON SECTION IV SECTION II SECTION I OTHER VEHICLES AND PROPERTY SECTION III (for additional vehicles see page 2) TIME AND PLACE **OPERATOR** YOUR VEHICLE MAKE MAKE DATE AND DAY OF WEEK OF ACCIDENT OTHER VEHICLES OR PROPERTY DAMAGED (Describe) PARTS OF VEHICLE DAMAGED (Describe) OPERATOR'S HOME ADDRESS(Street, City, State) OPERATOR'S STATE LICENSE NUMBER PARTS OF VEHICLE DAMAGED (Describe) FROM WHAT LOCATION TO WHAT LOCATION WERE YOU TRAVELING? HOME ADDRESS (Street, City, State, NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED DEPARTMENT / AGENCY OPERATED BY (Full Name) RANK, RATING OR TITLE FOR WHAT PURPOSE: PLACE OF ACCIDENT PLEASE PRINT FULL NAME ESTIMATED AMOUNT OF DAMAGE S... ESTIMATED AMOUNT OF DAMAGE \$.. THIS FORM IS TO BE FILLED OUT BY THE GOVERNMENT OPERATOR AT THE TIME AND AT THE SCENE OF THE ACCIDENT, INSOFAR AS POSSIBLE TYPE VEHICLE LICENSE NUMBER VEHICLE OWNED BY (Full Name) TYPE OWNERS ADDRESS (Street, City, State) REGISTRATION NO. (or other Identification) HOUR (A.M. OR P.M., VIRGIN ISLANDS LICENSE NUMBER TELEPHONE YEAR

т	SECTION VIII WITNESS AND POLICE			SECTION VI OCUPANTS IN OTHER VEHICLE		SECTION VI OCUPANTS IN YOUR VEHICLE		SECTION V PERSONS INJURED		:D									
OTHER INFORMATION (Indicate stop signs, traffic lights, obstructions, etc.)	CONDITIONS OF ROADWAY (Wet or dry, etc.) WEATHER CONDITIONS (Clear, foggy, rain, etc.)	APPROXIMATE SPEED (MPH)	SIDE OF STREET OR HIGHWAY	DIRECTION OF TRAVEL	YOUR VEHICLE	POLICE OFFICER													NAME
ights, obstructions, etc.)	TYPE OF ROADWAY (Concrete, asphalt, etc.)	APPROXIMATE SPEED (MPH)	SIDE OF STREET OR HIGHWAY	DIRECTION OF TRAVEL	OTHER VEHICLE	BADGE NO. PRECINCT OR HQS.													HOME ADDRESS

	ACCID	SECTION)	O.	SECT THER VEHICLE	ION XI	PROPER		SECTION X EVENTS AFTER THE ACCIDENT						
MOVING VIOLATION	MOVING VIOLATION	XIII. LIST THE AMOUNT OF MOVING VIOLATIONS AND DATES THAT THE GOVERNMENT OPERATOR HAS BEEN INVOLVED WITHIN A ONE (1) YEAR PERIOD, OR WHETHER THE GOVERNMENTEMPLOYEE HAS BEEN CONVICTED FOR A VIOLATION OF THE PROVISION OF TITLE 20, SECTION 492 OR 493, VIRGIN ISLANDS CODE (OPERATING MOTOR VEHICLES IN A RECKLESS MANNER OR DRIVING UNDER THE INFLUENCE OF INTOXICATING LIQUORS OR CONTROLLED SUBSTANCES).	mber Governm ional vehicle as ple:	XII. INDICATE BY DIAGRAM BELOW WHAT HAPPENED	OTHER PROPERTY DAMAGED (Describe)	PARTS OF VEHICLE DAMAGED (Describe)	ADDRESS (Home)	OPERATED BY	OPERATOR'S STATE PERMIT NUMBER	NAME		IF OTHER DRIVERS OR PERSONS INJURED MADE A STATEMEN OF ACCIDENT AND EXTENT OF PERSONAL OR PROPERTY CONVERSATION, NAMES AND ADDRESSES OF OTHERS HEARING	CONDITION OF OTHER DRIVER	IF MEDICAL AID RENDERED, STATE BY WHOM
DATE FO VIOLATION	DATE OF VIOLATION	AND DATES THAT THE GOVERNMENT (1) YEAR PERIOD, OR WHETHER THE R A VIOLATION OF THE PROVISION OF DE (OPERATING MOTOR VEHICLES IN A UPPRIORE OF INTOXICATING LIQUORS OR	3. Show pedestrians by, O 4.Give names or numbers of street or highways. 5. Indicates north by arrow in this circle.	HAPPENED			OWNER'S ADDRESS (Business)	OWNED BY	VEHICLE LICENSE NUMBER	TYPE YEAR		MADE A STATEMENT AS TO THE CAUSE NAL OR PROPERTY DAMAGE, RELATE OF OTHERS HEARING SUCH STATEMENT		WHERE WAS INJURED TAKEN